

Early Benefits and Impact of Medical Revalidation: Frequently Asked Questions

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Revalidation Support Team

1. What is being published today?

Today, the NHS Revalidation Support Team (RST) is publishing the *Early Benefits and Impact of Medical Revalidation: Report on research findings in year one*. The report summarises findings from research carried out on the early benefits and impact of medical revalidation in 2013-14. Based on the findings, the report includes six key recommendations for consideration and further action.

This evidence base is supported by findings from two additional research reports commissioned by the RST, which have also been published today:

- i. *Medical Revalidation: from compliance to commitment* (The King's Fund)
This report analyses the impact of revalidation to date on behaviour and culture, based on qualitative research undertaken across seven case study sites across England.
- ii. *Report on Patient and Public Involvement in Medical Revalidation* (CAMERA at Plymouth University Peninsula Schools of Medicine and Dentistry)
This report documents the findings of research into lay representation in revalidation, from both lay and organisational perspectives.

2. What is the purpose of this research?

In June 2013, the RST started research into the early benefits and impact of revalidation during year one of implementation. The work has been guided by the following principles:

- Revalidation is a significant new undertaking and requires an evidence base to inform future decision-making.
- The benefits of revalidation need to be assessed in terms of their impact on patients and the public.
- Implementation of revalidation needs to be supported by regular collection of feedback from people experiencing and delivering the new system on the frontline.

The findings have been used as the basis for six recommendations which will help improve the process in the future.

3. Who conducted the research and how was it conducted?

The RST undertook surveys of doctors, appraisers, responsible officers and designated bodies. A total of over 3,500 responses were received and analysed.

This extensive evidence base is supported by findings from research commissioned by the RST from The King's Fund on culture and behaviour and from CAMERA (Collaboration for the Advancement of Medical Education Research) at Plymouth University Peninsula Dental and Medical School on patient and public involvement.

The King's Fund undertook qualitative research on behavioural and cultural changes as a result of medical revalidation. This involved conducting 14 focus groups and 36 interviews at seven sites selected by the RST to ensure a diverse spread.

CAMERA collected detailed responses from interviews and a survey of lay representatives and healthcare organisations with 150 respondents.

4. How many doctors and organisations were involved in the surveys?

The RST received 3,534 responses to its doctor (appraisee), appraiser, responsible officer and designated body surveys. This included:

- 2,499 doctors
- 719 appraisers
- 192 responsible officers
- 124 designated bodies

The surveys were open to any doctor, appraiser, responsible officer and designated body in England and were promoted and cascaded via the RST's stakeholders and channels. Participants were self-selecting and the surveys were not mandatory. The surveys contained both open questions and closed questions and respondents recorded their own answers. The responses included over 7,000 qualitative comments.

5. What are the main findings of the report?

Evidence that revalidation is delivering value includes:

- a continued increase in appraisal rates (which increased from 63% to 76% between March 2011 and March 2013)
- an increased focus on the quality of appraisers and the appraisal process
- indicative signs that concerns about a doctor's practice are being identified at an earlier stage
- strong support for the system among responsible officers and appraisers
- strong support from doctors, appraisers and responsible officers for medical appraisal, a key element of revalidation.

However, the report also highlights a number of early issues that need to be addressed:

- While doctors continue to value appraisals and continuing professional development, some feel that that revalidation is not yet relevant to their needs.

- Doctors, appraisers and responsible officers are, on average, taking slightly longer than expected in this first year, to participate in appraisal and revalidation.
- Patients and the public need clearer and more powerful roles in revalidation in the future.

6. How will it affect revalidation?

Based on research findings, the RST has suggested a number of areas where further work is needed to ensure revalidation delivers maximum benefit for patients. In particular, the RST recommends that partners in the revalidation programme:

- communicate more clearly the intent of appraisal, revalidation and clinical governance in order to ensure stronger and more meaningful engagement in the process
- work with national patient representatives to ensure that patients and the public are given a more powerful role in revalidation
- work with boards and executive teams to ensure revalidation is used to promote excellence in quality and safety for patients
- identify and share examples of proportionate and effective models for managing revalidation
- develop systems protocols and guidance to assure that information is being used in the most effective way for revalidation
- continue to collect evidence and gain insight on the costs, outputs, outcomes, benefits and impact of revalidation and its supporting processes.

7. How does this research differ from the GMC's?

The GMC and the RST have worked closely together to capture learning and strengthen system improvement by undertaking complementary research.

The GMC is developing an evaluation framework for revalidation which focuses on its regulatory purpose to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine.

The RST's evaluation focused on measuring the early benefits and impact of medical revalidation, including capturing data from those organisations and individuals on the front line of delivering this new system.

8. What will happen to the research afterwards? Will it be continued?

Future measurement and benefits realisation will depend on the continued and focused collection of data and on use of evidence to inform changes and improvements to the system moving forward. The RST has provided the following three enablers for future measurement and benefits realisation:

- a specification for future research into the wider impacts of revalidation
- a framework for future measurement

- a framework for the preparation of a benefits realisation plan.

The RST has worked closely with the Department of Health to secure support and funding for a two-year research project evaluating the wider impact of revalidation during the remainder of its implementation. This research will enable the Department of Health to assess the effectiveness of its current policy in relation to medical revalidation of doctors and the role of responsible officers. It is also likely to inform discussions on strengthening regulatory arrangements for other professional groups. The call for research proposals was published in January with a deadline for full applications to be submitted by 25 March 2014. The research is expected to start in the autumn and be completed by December 2016.

9. Why is the RST closing?

The RST was formed in 2008 to work with partners to develop and pilot an effective system of revalidation for doctors and support designated bodies in England to prepare for revalidation. It has delivered a wide range of projects that have contributed towards a successful readiness assessment and helped pave the way towards the implementation of medical revalidation.

The RST has continued to support designated bodies during the first year of implementation. However, as we enter the 'business as usual' phase of the programme, NHS England is taking over responsibility for overseeing the implementation of revalidation in England.